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but its influence depends on each particular case. (b) The state of drunkenness does involve responsibility, at least before the law, in the following cases: (a) when drunkenness constitutes by itself a penal offense; and (b) cases of *actiones liberae in causa*, when a person becomes drunk knowing that in the state of inebriety he will or can commit a crime; in the first case, he renders himself responsible for an offense committed with premeditation; in the second case, for an offense committed by negligence.

De la dipsomanie et son traitement par la suggestion, par le Dr. EDG. BÉRIL-LON, Revue de l'hypnotisme, août, 1890.

The treatment and cure (temporary at least) of one who has been a hard drinker for fifteen years, is a case in hypnotic therapeutics worthy of consideration. We extract points from the writer's lecture. Patient 35 years old, robust, muscular, intelligent, successful in business; parents sober and healthy. Learned to drink in the army, drinking wine and whiskey, sometimes in considerable quantity, but without drunkenness. On leaving the army he exchanged whiskey for absinthe; his business, which involved travelling, encouraged his drinking, but he had little inclination to drink when at home. At last, signs of physical trouble appeared, together with nightmare, hallucination, delusion of persecution, and idea of suicide. These returned every month or two with irresistible craving for drink, which scattered his good resolutions. He was also an inveterate smoker. On May 3, 1888, he was hypnotized, and dreamless sleep and total abstinence from liquors and tobacco were suggested. The suggestion was successful. He was under treatment from May 3 to May 15, the hypnotization and suggestion being repeated daily at first. By degrees physical troubles were helped and his desire to drink and smoke removed. He found himself able to resist under circumstances in which before he would have inevitably yielded. On May 15 he was pronounced cured and discharged. After thirteen days of treatment, without isolation, continuing to walk the streets of Paris, he saw all his physical and mental troubles successively disappear, and his inveterate habit of drinking and smoking cease.

Hérédité et alcoolisme. Dr. LEGRAIN. Revue de l'hypnotisme 1er Mars, 1890.

There are three main characteristics in alcoholism: the mental state, the impulsions and the tendency to delirium at the slightest cause. The degenerate are more susceptible than those who are of well-balanced mind. Alcoholic delirium differs in its symptoms from that of drinkers with no defects. In hereditary cases drunkenness comes in a short time; once started it assumes forms which recall its nature and predisposition. Alcoholic delirium of the predisposed does not resemble that of the stereotyped delirium. The rigors of intoxication and the rigors of hereditary predisposition have a certain independence. The slowness of evolution, frequency of relapsing, feebleness of mental faculties, polymorphism of delirium characterize the alcoholism of the degenerate. Inveterate abuse of drinking in non-hereditarily disposed persons creates a degeneracy like the hereditary. Organic physical resistance diminishes as excess increases. Alcohol causes its special delirium; little by little it simply plays the roll of an *appoint*. In a large number of cases the man is not free not to drink.

La responsabilité des alcooliques. M. MOTET. Revue de l'hypnotisme, 1er août, 1889.

There is no fixed jurisprudence in France as to responsibility in alcoholism. In civil matters alone, when drunkenness of the contracting party has been established at the time of the contract, the contract is